



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL OF MUNSTER

City of Hospital: Munster

Year Begin: 07/01/2019 (mm/dd/yyyy format)

Year End: 06/30/2020 (mm/dd/yyyy format)

Person Completing the Report: Community Hospital Munster

Email Address: msteffen@comhs.org

Medicare Provider Number: 15-0125

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$754985617
Outpatient Patient Service Revenue	\$1093819874
Total Gross Patient Service Revenue	\$1848805491

2. Deductions From Revenue

Contractual Allowance	\$1285201967
Other Deductions	\$30007907
Total Deductions	\$1315209874

3. Total Operating Revenue

Net Patient Service Revenue	\$533595617
Other Operating Revenue	\$42641216
Total Operating Revenue	\$576236833

4. Operating Expenses

Salaries and Wages	\$178608684	Employee Benefits	\$39952491
Depreciation and Amortization	\$24107671	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$285274408
Total Operating Expenses	\$527943254		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$48293579	Total Assets	\$302295865
Net Non-operating Gains over Loss	\$443708	Total Liabilities	\$125741597

Total Net Gains	\$48737287
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$987193684	\$782887868	\$204305816
Medicaid	\$214972002	\$168593925	\$46378077
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$646639805	\$333720175	\$312919630
Total	\$1848805491	\$1285201968	\$563603523

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$132380	\$-132380

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$85412	\$1364900	\$-1279488

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$255340	\$-255340
Hospital Patients	\$0	\$0	\$0
Community Education	\$475	\$1040799	\$-1040324

Number of Medical Professionals Trained	166
Number of Hospital Patients Educated	18,474
Number of Citizens Exposed to Health Education Messages	371,525

Statement Six: Charity Statement

Hospital Charity Charges	\$15064566
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$15517	\$1768469	
HCI Payments	\$0		
Subtotal	\$15517	\$1768469	\$-1752952
Medicaid Shortfalls	\$47465210	\$85514691	
Subtotal	\$47480727	\$87283160	\$-39802433
DSH Payments	\$0		
Subtotal	\$47480727	\$87283160	\$-39802433
Medicare Shortfalls	\$203651022	\$253462815	
Other Government Programs	\$1383050	\$1721822	
Total	\$252514799	\$342467797	\$-89952998

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1792620	\$2197926	\$-405306
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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